Lioresal

LIORESAL (baclofen) is Ciba-Geigy's antispasticity agent 4-amino-3-(*p*-chlorphenyl) butyric acid. The drug appears to affect reflex pathways in the spinal cord. It is most useful for the symptomatic reduction of clonus, muscle tightness and aching, "jumping of legs" at night, and flexor or extensor spasms (such as during transfers from wheelchair to bed) arising from spinal cord damage due to trauma or multiple sclerosis (MS). It has little efficacy for spasticity of cerebral origin and induces more adverse effects in older patients compared with youths. It is not a curative drug for multiple sclerosis.

Adverse clinical effects are (in order of frequency of occurrence) drowsiness which usually occurs during initiation of therapy, dizziness, increased weakness, nausea, fatigue, headache, insomnia and possibly increased constipation. Since many of these symptoms are also associated with underlying disease process (multiple sclerosis, for example) caution must be exercised in attributing adverse reactions to the drug. Gradual withdrawal and subsequent reinstitution of the drug may be necessary to show cause and effect. Interaction with sedatives and alcohol occurs. The agent is not approved for use in children or pregnant or lactating women. The product insert (prescribing information) suggests starting dosage at 5 mg three times a day for three days, then gradually increasing to 20 mg three times a day. I often start at 5 mg given at bedtime for three to five days and then gradually increase the dosage. Some patients with MS seem exquisitely sensitive to the drug. Also starting with a dose given at bedtime significantly decreases complaints of drowsiness.

Close supervision of the patient is necessary because he may be using his spasticity to hold up his head or to stand during transfers. As the spasticity decreases, weakness may become severe and the patient will choose to stop the medication. Sometimes 10 mg a day is sufficient to give some benefit—one should be aware of individual variation in response and adverse effects. Asymmetry of response is seen sometimes. In general, less severe spasticity responds better than long-standing severe tightness. Occasionally the response is dramatic; at times only slight relief of muscle pain is achieved. When withdrawing the medications, do so slowly because rebound spasticity and hallucinations can occur.

Occasionally improvement in urinary tract function will be seen. A use for baclofen which is not mentioned in the product insert is as a treatment for trigeminal neuralgia. I have used it in patients allergic to dilantin or carbamazepine.

In summary, baclofen is a unique new drug that, if used carefully, offers significant relief of disabling spasticity, particularly in patients with MS.

GEORGE W. ELLISON, MD

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Migraine in Children

MIGRAINE IN CHILDREN may appear as the classical syndrome, beginning with painless preheadache phenomena manifested primarily as defects in visual function, followed thereafter by typical hemicranial pounding pain with associated nausea, vomiting and prostration. In addition, some migrainous episodes may occur in childhood in a considerably more recondite manner. Ehyai and Fenichel have described the cases of five patients with acute confusional migraine in which the primary complaint was confused agitation resembling a toxic metabolic psychosis. This syndrome occurred in either sex between the ages of 5 and 16 years. An acute confusional state was the initial manifestation of one of their migrainous patients, and in several children with this syndrome in previous reports. In the absence of a history of migraine there is considerable difficulty in making the diagnosis and therefore a family history of migraine becomes an important clue.

Headache may not be reported as a part of the acute confusional migraine syndrome, but typical migraine headaches always develop eventually. Confusion and disorientation are accompanied by agitation, a mixture of apprehension and combativeness. The duration of an attack is usually several hours but may be as brief as ten minutes or as long as twenty hours. The episode usually terminates in a deep sleep and the children appear to be normal on awakening. Of the five patients in the report by Ehyai and Fenichel, four had recurrent episodes of acute confusional migraine that tended to cluster over a relatively brief period of days or months. The mechanism is believed to be cerebral ischemia of one or both hemispheres.